

Case Number:	CM15-0013459		
Date Assigned:	02/02/2015	Date of Injury:	06/02/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male with an industrial injury dated 06/02/2011 due to repetitive activities. His diagnoses include lumbar spine disc rupture, right knee strain, left knee strain, and left shoulder strain. Recent diagnostic testing was not submitted or discussed. He has been treated with injections, medications, acupuncture and physical therapy. In a progress note dated 12/08/2014, the treating physician reports constant sharp right knee/leg pain with numbness and tingling and radiation to the low back, constant sharp left knee/leg pain with radiation to the left ankle, constant sharp low back pain with radiation to the right foot, intermittent dull left shoulder pain, and intermittent right long finger pain. The objective examination revealed diffuse tenderness to the lumbar spine, negative straight leg raises, swelling to both shoulders and both knees, diffuse right knee pain with crepitation, decreased range of motion in the lumbar spine with pain, decreased range of motion in both shoulders with pain, decreased range of motion in the left knee with pain, and intact sensation throughout. The treating physician is requesting MRI of the lumbar spine which was denied by the utilization review. On 12/30/2014, Utilization Review non-certified a request for MRI of the lumbar spine, noting the lack of documented change in symptoms or findings suggestive of any significant pathology. The MTUS ACOEM Guidelines were cited. On 01/23/2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the proposed lumbar MRI is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the December 8, 2014 progress note contained no references to the applicant's actively considering or contemplating any kind of surgical remedy involving the lumbar spine based on the outcome of the study in question. The fact that multiple MRI studies, including MRI studies of the lumbar spine and bilateral knees, were concurrently sought significantly reduced the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same, as with the applicant's well-preserved bilateral lower extremity motor and sensory function. Therefore, the request was not medically necessary.